

OFFICE OF MANAGEMENT AND BUDGET
Budget Development, Planning and Administration
Preliminary Review

DATE: August 11, 2009
SAI NUMBER: S9-07-07-07
PROJECT TITLE: National Emergency Grant
CFDA NUMBER: 17.260
APPLICANT: Department of Labor
CONTACT PERSON: Robert Clarkin
ANALYST: Maureen Querey
DIRECTOR: J. Brian Maxwell

REVIEW/COMMENT:

The Department of Labor has applied to the U.S. Department of Labor for \$3,803,246 over three years under the National Emergency Grant program. This is the first time that funding of this type is available. No new positions are required. Indirect costs have been budgeted, audit fees are not applicable.

The grant program would assist Delaware in providing intensive and targeted re-employment services to the workers affected by the closure of the Chrysler and General Motors assembly plants. These funds would be used towards strategies such as conducting outreach activities; providing career planning and coaching; utilize labor market data and ARRA projects to prioritize and focus training; coordinate with training and education providers to ensure the affected workers can utilize services and provide other services such as financial planning.

PERSONNEL IMPACT STATEMENT:

Not applicable.

CONSISTENCY STATEMENTS:

1. Executive Order Number 14, signed by Governor Minner on March 22, 2001; and "Delaware Strategies for State Policies and Spending," approved by the Cabinet Committee on State Planning Issues September 23, 2004:

This project is consistent with these documents.

2. Delaware Coastal Management Project:

Not applicable.

3. Delaware State Comprehensive Outdoor Recreation Plan:

Not applicable.

4. State of Delaware Housing Consolidated Plan:

Not applicable.

SAI NUMBER: S9-07-07-07
Page 2
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5. State Agricultural Lands Preservation Policy:

Not applicable.

6. Title 29, Chapter 90C, Subchapter I, Section 9004C(8), Department of Technology and Information:

Not applicable.

7. Section 106, National Historic Preservation Act:

Not applicable.

8. Section 102, National Environmental Policy Act:

Not applicable.

9. U.S. Farmland Protection Policy Act, as amended:

Not applicable.

RECOMMENDATION:

I recommend approval of this grant request.

MQ:ard

**STATE OF DELAWARE
SINGLE POINT OF CONTACT – SPOC
INTERGOVERNMENTAL REVIEW OF FEDERAL PROGRAMS**

Office of Management and Budget
Haslet Building, 3rd Floor, Dover, Delaware 19901
(302) 739-4206

RECEIVED
O.F.C. MGMT AND BUDGET

1. STATE APPLICATION IDENTIFIER: <div style="border: 1px solid black; padding: 2px; text-align: center;">09-07-07-07</div>		SPOC use ONLY 2009 JUL 17	Month 07	Reviewer mq	CC's R
2. Applicant Project Title: National Emergency Grant					
3. Applicant Department: Department of Labor			4. Applicant Division/APU: Division of Employment and Training		
5. Applicant Address: 4425 North Market Street, Wilmington, Delaware 19802 (N250)					
6. Contact Person: Robert Clarkin			7. Contact Person's Phone Number: 302-761-8102		
8. Signature of Secretary or Agency Head (for state agencies) or Chief Administrator (for all other applicants) <div style="display: flex; justify-content: space-between; align-items: center;">John McMahon, Secretary of Labor</div>					
9. Federal Grantor Department: United States Department of Labor			10. Federal Sub-Agency: Employment & Training Administration		
11. Federal Contact Person: Lenita Jacobs-Simmons			12. Phone Number: 215-861-5205		
13. Address: USDOL/ETA, Suite 825, The Curtis Center, 170 S. Independence Mall West, Philadelphia, PA 19106-3315					
14. Federal Program Title: National Emergency Grant			15. FEDERAL CATALOG NO: (CFDA) 17 260 Y		
16. Project Description: <i>Funds under this National Emergency Grant will be utilized to provide reemployment services to workers impacted by the permanent closures of the Chrysler and General Motors automobile assembly plants. Services will include in-depth skills assessments, intensive reemployment workshops, skills upgrading and retraining, supportive services, and needs related payments.</i>					
17. Will funds be utilized for any technology initiatives? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, Business Case Number and brief project summary: Funds will not be used for any technology initiatives.					
18. Measurable Objectives: a. What were last year's objectives? These are one time funds and were not available last year.					
b. Were these objectives met? (If not, please explain why) These are one time funds and were not available last year.					
c. What are this year's objectives? To serve a minimum of 900 impacted workers and achieve an entered employment rate of 73% at program exit.					

7/20/09

(If more space is needed, please attach a separate sheet of paper)

19. Grant Period:

From: 6/30/2009

To: 6/30/2012

20. How many years has this project been funded:

This is the first year.

21. If the project was funded last year, how much federal money was awarded?

Not applicable.

22. Source of funding for this application:

Dollars

a. Federal grant

3,803,246

b. Other federal funds
(Specify source of funding)

0

c. Required state contribution
(Specify source of funding)

0

d. Discretionary state contribution
(Specify source of funding)

0

e. Required local contribution
(Specify source of funding)

0

f. Other non- federal funds
(Specify source of funding)

0

TOTAL

3,803,246

23. Budget by cost category and source:

Federal
Funds

State
Funds

Other
Funds

Total
Funds

Salaries & Fringe Benefits

51,780

0

0

51,780

Personal or Contractual Services

739,062

0

0

739,062

Travel

0

0

0

0

Supplies & Materials

0

0

0

0

Capital Expenditures

0

0

0

0

Audit Fees

0

0

0

0

Indirect Costs

7,465

0

0

7,465

Other (Assessments, Workshops, Training,
Supportive Services, Needs Based Payments)

3,004,939

0

0

3,004,939

TOTAL

3,803,246

0

0

3,803,246

24. How many positions are required for the project? (Exclude casual/seasonal employees)

Breakdown of position(s)

Authorized in
State Budget

New Positions
Required

Total

Paid for out of federal funds

1

0

1

Paid for out of General Funds

0

0

0

Paid for out of state special funds

0

0

0

Paid for out of bond/local/other funds

0

0

0

TOTAL

1

0

1

25. PLEASE NOTE: On a separate piece of paper, please give position number, grade, yearly salary and percent of funding (federal, state, local, other) and the full-time equivalent for all positions required. Please identify the new positions by putting an asterisk before the position title. If this grant funds positions within other departments, divisions and/or offices, please list them. If a position has been reallocated to or from another grant please indicate the grant source.

Position Number	Position Title	Annual Salary	Paygrade	FTE	Federal Salary
	* E&T Program Specialist	34,066	12	1.00	34,066

Delaware Department of Labor
Division of Employment and Training
Director's Summary
Delaware Autoworker Re-Employment Project
National Emergency Grant

The Delaware Department of Labor, Division of Employment and Training has applied for a National Emergency Grant through the United States Department of Labor, Employment and Training Administration in order to provide intensive and targeted re-employment services to the workers affected by the closures of the Chrysler and General Motors automobile assembly plants. The Department has requested \$3,803,246 in National Emergency Grant funds covering the period 6/30/2009 through 6/30/2012.

Our strategies, activities, and services to re-employ the affected workers are as follows:

- Identify the sectors the State is working to expand and the skills necessary to support firms in those sectors.
- Use labor market information analysis and potential American Recovery and Reinvestment Act (ARRA) projects to prioritize and focus training programs.
- Conduct outreach activities leveraging communication channels strengthened during initial Rapid Response meetings, including such meetings held with suppliers and dealers.
- Conduct comprehensive assessments to provide workers with information on their strengths.
- Provide career planning and coaching.
- Conduct insensitive job search workshops followed by the creation of job clubs.
- Bring training providers together in training fairs.
- Fund on-the-job (OJT) and customized training to strengthen new and existing firms in targeted sectors.
- Negotiate with targeted training and education providers to provide portable, articulated, credit-bearing courses (that include developmental courses) at times, locations, and through channels adapted to the needs of the affected workers.
- Provide supports to affected workers including financial planning.
- Structure accountability to include a follow-up component.

Due to the length and intensity of the Delaware Autoworker Re-Employment Project, coupled with additional and complex Federal National Emergency Grant reporting requirements, the Department is requesting the creation of a new Employment and Training Program Specialist position to support and monitor the project. At the end of the grant period, the position will be funded with Federal Workforce Investment Act formula Adult and Dislocated Worker funds.

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: [] Preapplication [X] Application [] Changed/Corrected Application	*2. Type of Application * If Revision, select appropriate letter(s) [X] New [] Continuation *Other (Specify) [] Revision	
3. Date Received: 06/26/2009	4. Applicant Identifier:	
5a. Federal Entity Identifier: NEG-DE-ST-08-001	*5b. Federal Award Identifier:	
State Use Only:		
6. Date Received By State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
*a. Legal Name: Delaware Department of Labor		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 51-6000279		*c. Organizational DUNS: 830180530
d. Address:		
*Street 1: 4425 N. Market Street Street 2: *City: Wilmington County: New Castle *State: DE Province: *Country: US *Zip / Postal Code: 19802		
e. Organizational Unit:		
Department Name: Department of Labor		Division Name: Division of Employment & Training
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: *First Name: Middle Name: *Last Name: <u>Thomas M. Smith</u> Suffix:		
Title:		
Organizational Affiliation: Department of Labor		
*Telephone Number: (302) 761-8129		Fax Number: 302 761-6617
*Email: thomasm.smith@state.de.us		

Application for Federal Assistance SF-424	Version 02
*9. Type of Application 1: Select Applicant Type: A. State Government Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: *Other (Specify)	
*10. Name of Federal Agency: DOL/ETA	
11. Catalog of Federal Domestic Assistance Number: 17 - 260 CFDA Title: WIA DISLOCATED WORKERS	
*12. Funding Opportunity Number: N/A *Title: N/A	
13. Competition Identification Number: Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.): The primary region affected is the State of Delaware. 75% of the most recently laid off workers reside in Delaware with the balance residing in the adjoining States (Pennsylvania, New Jersey & Maryland)	
*15. Descriptive Title of Applicant's Project: Delaware Autoworker Re-employment Project	

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: DE District 1	*b. Program/Project: DE District 1	
17. Proposed Project:		
*a. Start Date: 06/30/2009	*b. End Date: 06/30/2012	
18. Estimated Funding (\$):		
*a. Federal:	\$ 3,803,246	
*b. Applicant:	\$ 0	
*c. State:	\$ 0	
*d. Local:	\$ 0	
*e. Other:	\$ 0	
*f. Program Income:	\$ 0	
*g. TOTAL:	\$ 3,803,246	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input checked="" type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E.O. 12372.		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) <input checked="" type="checkbox"/> ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	*First Name:	
Middle Name:		
*Last Name:	<u>Thomas M. Smith</u>	
Suffix:		
*Title: Director		
*Telephone Number: (302) 761-8129	Fax Number: 302 761-6617	
*Email: thomasm.smith@state.de.us		
*Signature of Authorized Representative: Thomas M. Smith	*Date Signed: 06/26/2009	

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

Item	Entry:	Item	Entry:
1.	Type of Submission: (Required): Select one type of submission in accordance with agency instructions. • Preapplication • Application • Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date.	10.	Name Of Federal Agency: (Required) Enter the name of the Federal agency from which assistance is being requested with this application.
2.	Type of Application: (Required) Select one type of application in accordance with agency instructions. • New - An application that is being submitted to an agency for the first time. • Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision - Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify)	11.	Catalog Of Federal Domestic Assistance Number/Title: Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
3.	Date Received: Leave this field blank. This date will be assigned by the Federal agency.	12.	Funding Opportunity Number/Title: (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
4.	Applicant Identifier: Enter the entity identifier assigned by the Federal agency, if any, or the applicant's control number if applicable.	13.	Competition Identification Number/Title: Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.
5a.	Federal Entity Identifier: Enter the number assigned to your organization by the Federal Agency, if any.	14.	Areas Affected By Project: List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.
5b.	Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.	15.	Descriptive Title of Applicant's Project: (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.
6.	Date Received by State: Leave this field blank. This date will be assigned by the State, if applicable.	16.	Congressional Districts Of: (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5th district, CA-012 for California 12th district, NC-103 for North Carolina's 103rd district. • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all. • If the program/project is outside the US, enter 00-000.
7.	State Application Identifier: Leave this field blank. This identifier will be assigned by the State, if applicable.	17.	Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project.
8.	Applicant Information: Enter the following in accordance with agency instructions: a. Legal Name: (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website. b. Employer/Taxpayer Number (EIN/TIN): (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.	18.	Estimated Funding: (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.

	c. Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.	19.	Is Application Subject to Review by State Under Executive Order 12372 Process? Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State.		
	d. Address: Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US).	20.	Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes. If yes, include an explanation on the continuation sheet.		
	e. Organizational Unit: Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the assistance activity, if applicable.	21.	Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)		
	f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.				
9.	Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions. <table border="0"> <tr> <td style="vertical-align: top;"> A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority </td> <td style="vertical-align: top;"> M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify) </td> </tr> </table>	A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority	M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)		
A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority	M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)				

Project Synopsis Form

State of DE	Amount of Funding Request \$3,803,246	Amount Approved by DOL \$
Project Name: Delaware Autoworker Re-employment Project		
Project Type: Dual Enrollment		
Description of Activities and Services To Be Provided: Our strategy, services and activities to re-employ workers affected by the GM and Chrysler layoffs are as follows: § Identify the sectors the State is working to expand and the skills needed to support firms in those sectors. Use LMI analysis and potential ARRA projects to prioritize and focus training programs. § Conduct outreach activities leveraging communication channels strengthened during initial Rapid Response meetings including suppliers and dealers. § Conduct comprehensive assessment to provide workers with information on their strengths. § Provide career planning and coaching. § Conduct intensive job search workshops followed by the creation of on-site job clubs. § Bring training providers together in training fairs. § Fund OJT and customized training to strengthen new and existing firms in targeted sectors. § Negotiate with targeted training and education providers to provide portable, articulated, credit-bearing courses (that include Developmental Courses) at times, locations and through channels adapted to the needs of the dislocated workers. § Provide supports to dislocated workers including financial planning. § Structure accountability to include a follow-up component to meet rigorous accountability standards		
Application Type: Full		
(If Emergency, reason:)		
Description of Dislocation Event: Our strategy, services and activities to re-employ workers affected by the GM and Chrysler layoffs are as follows: § Identify the sectors the State is working to expand and the skills needed to support firms in those sectors. Use LMI analysis and potential ARRA projects to prioritize and focus training programs. § Conduct outreach activities leveraging communication channels strengthened during initial Rapid Response meetings including suppliers and dealers. § Conduct comprehensive assessment to provide workers with information on their strengths. § Provide career planning and coaching. § Conduct intensive job search workshops followed by the creation of on-site job clubs. § Bring training providers together in training fairs. § Fund OJT and customized training to strengthen new and existing firms in targeted sectors. § Negotiate with targeted training and education providers to provide portable, articulated, credit-bearing courses (that include Developmental Courses) at times, locations and through channels adapted to the needs of the dislocated workers. § Provide supports to dislocated workers including financial planning. § Structure accountability to include a follow-up component to meet rigorous accountability standards		
Applicant Contact Person: Thomas M. Smith		
Street Address 1: 4425 N. Market Street		
Street Address 2:		
City: Wilmington State: DE Zip Code: 19802		
Telephone: (302) 761-8129		
Fax: 302 761-6617		
Email: thomasm.smith@state.de.us		
Planned Number of Participants:	900	Planned Entered Employment Rate: 73%
Planned Cost per Participant:	\$4225.83	Actual Cost per Participant in Prior PY: \$4011
% of Planned Participants Receiving NRPs: 24%		Planned Earnings: 14050
Counties included in Project Service Area: The primary region affected is the State of Delaware. 75% of the most recently laid off workers reside in Delaware with the balance residing in the adjoining States (Pennsylvania, New Jersey & Maryland)		
Project Operator Listing:		

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 15 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Employer Data Form

Company/Industry	Location of Facility	Notification Type	Date of Notification	Layoff Date(s)	Number of Affected Workers
Chrysler	550 South College Avenue Newark, DE 19713	WARN	10/23/2008	12/31/2008	1125
					Closure: Yes

Date(s) of Rapid Response Actions	# of Workers Contacted	Field Surveys Completed	TAA Petition	Number of Planned Participants	Labor Organization Representation
Contact with Employer: 10/23/2008 10/30/2008 11/05/2008 Contact with Workers: 12/09/2008 12/16/2008 12/17/2008 12/18/2008	210	210	Date Filed: 11/14/2008 1,000 Number of Workers Covered	270	UAW Local 1183 & Local 1212

Type of Business: Manufacturing	Two-Digit NAIC Code: 31-33
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The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. NOTE: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 30 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Employer Data Form

Company/Industry	Location of Facility	Notification Type	Date of Notification	Layoff Date(s)	Number of Affected Workers
General Motors	801 Boxwood Road Wilmington, DE 19804	WARN	06/01/2009	12/08/2008 07/31/2009	393 590 Closure: Yes

Date(s) of Rapid Response Actions	# of Workers Contacted	Field Surveys Completed	TAA Petition	Number of Planned Participants	Labor Organization Representation
Contact with Employer: 06/01/2009 06/02/2009 Contact with Workers: 06/04/2009 06/05/2009 06/10/2009 06/11/2009	1,115	607	Date Filed: 06/15/2009 1,067 Number of Workers Covered	630	UAW Local 453

Type of Business: Manufacturing	Two-Digit NAIC Code: 31-33
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The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 30 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Planning Form (Dual Enrollment) (page 1 of 2)

All quarterly entries are CUMULATIVE over all previous quarters.

PERFORMANCE FACTOR	PROGRAM YEAR QUARTER									
	ADMIN	PROGRAM	QTR1 06/30/2009	QTR2 09/30/2009	QTR3 12/31/2009	QTR4 03/31/2010	QTR5 06/30/2010	QTR6 09/30/2010	QTR7 12/31/2010	QTR8 03/31/2011
IMPLEMENTATION SCHEDULE										
Receiving Intensive Services			0	140	265	390	500	500	500	500
Enrolled In Training (NEG-Funded Only)			0	30	60	75	150	165	240	255
Receiving Supportive Services (NEG-Funded Only)			0	30	60	75	150	165	240	255
Exits			0	0	64	148	252	374	416	480
Entering Employment At Exit			0	0	48	111	189	281	313	361
Total Planned Participants			128	303	520	737	780	867	867	900
Supportive Services		0	0	0	0	0	0	0	0	0
Admin Excluding NRP Processing*	0		0	0	0	0	0	0	0	0
NRP Processing*	0		0	0	0	0	0	0	0	0
Other*		217,095	0	24,454	42,795	61,135	80,630	100,125	119,620	139,115
Total: Program Management And Oversight	0	217,095	0	24,454	42,795	61,135	80,630	100,125	119,620	139,115
Indirect*	0	21,200	0	1,933	3,866	5,800	7,725	9,650	11,575	13,500
Other*		0	0	0	0	0	0	0	0	0
Total Expenditures: Grantee Level	0	217,095	0	24,454	42,795	61,135	80,630	100,125	119,620	139,115
Core And Intensive Services		886,151	0	69,584	139,168	243,545	347,921	415,200	482,479	549,757
Training (NEG-Funded Only)		2,250,000	0	40,000	80,000	140,000	200,000	525,000	850,000	1,175,000
Supportive Services (NEG-Funded Only)		225,000	0	10,000	17,500	25,000	56,250	87,500	118,750	150,000
Other*		225,000	0	7,000	14,000	24,500	35,000	66,250	97,500	128,750
Admin Excluding NRP Processing*	0		0	0	0	0	0	0	0	0
NRP Processing*	0		0	0	0	0	0	0	0	0
Other*		0	0	0	0	0	0	0	0	0
Total: Program Management And Oversight	0	0	0	0	0	0	0	0	0	0
Total Expenditures: Project Operator Level	0	3,586,151	0	126,584	250,668	433,045	639,171	1,093,950	1,548,729	2,003,507
Total Expenditures: Grantee And Project Operator Level	0	3,803,246	0	151,038	293,463	494,180	719,801	1,194,075	1,668,349	2,142,622

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE**
NOTE: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 90 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Planning Form (Dual Enrollment) (page 2 of 2)

All quarterly entries are CUMULATIVE over all previous quarters.

PERFORMANCE FACTOR	PROGRAM YEAR QUARTER				
	QTR9 06/30/2011	QTR10 09/30/2011	QTR11 12/31/2011	QTR12 03/31/2012	QTR13 06/30/2012
IMPLEMENTATION SCHEDULE					
Receiving Intensive Services	500	500	500	500	500
Enrolled In Training (NEG-Funded Only)	285	285	285	300	300
Receiving Supportive Services (NEG-Funded Only)	285	285	285	300	300
Exits	522	616	710	804	900
Entering Employment At Exit	393	459	525	591	657
Total Planned Participants	900	900	900	900	900
Supportive Services	0	0	0	0	0
Admin Excluding NRP Processing*	0	0	0	0	0
NRP Processing*	0	0	0	0	0
Other*	158,610	178,105	197,600	217,095	217,095
Total: Program Management And Oversight	158,610	178,105	197,600	217,095	217,095
Indirect*	15,425	17,350	19,275	21,200	21,200
Other*	0	0	0	0	0
Total Expenditures: Grantee Level	158,610	178,105	197,600	217,095	217,095
Core And Intensive Services	617,036	751,594	818,872	886,151	886,151
Training (NEG-Funded Only)	1,500,000	1,687,500	1,875,000	2,062,500	2,250,000
Supportive Services (NEG-Funded Only)	168,750	187,500	206,250	225,000	225,000
Other*	176,250	192,500	208,750	225,000	225,000
Admin Excluding NRP Processing*	0	0	0	0	0
NRP Processing*	0	0	0	0	0
Other*	0	0	0	0	0
Total: Program Management And Oversight	0	0	0	0	0
Total Expenditures: Project Operator Level	2,462,036	2,819,094	3,108,872	3,398,651	3,586,151
Total Expenditures: Grantee And Project Operator Level	2,620,646	2,997,199	3,306,472	3,615,746	3,803,246

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 90 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Narrative Statements

Project Type: Dual Enrollment

GENERAL EXPLANATION: Please enter any information that would benefit the reviewers who will approve or deny this application. Use this area to explain items and concepts that you feel need additional information, items that need DOL specialist attention during the review process, or any information on how the program is meeting demand-driven goals.

Delaware will use this opportunity to build on our strengths and to retool to make it more effective. Our strategy, services and activities to re-employ workers affected by the GM and Chrysler layoffs are as follows:

STRATEGY:

- § Use the momentum of the existing transition committee consisting of GM, the UAW, and DE DOL for reaching affected workers and providing them the services they need.
- § Collaborate with DE Economic Development Office to identify the sectors DEDO is working to expand and the skills needed to support firms in those sectors. Use LMI analysis and potential ARRA projects such as those listed below to prioritize and focus training programs.
 - o Develop, manufacture and install solar materials.
 - o Develop offshore wind farms, construct wind turbines and modify ports.
 - o Improve rail infrastructure. Upgrade rural lines to bring commodities to market; expand commuter rail between Newark, DE and Aberdeen, MD to strengthen links between university contract researchers and defense research expansion at Aberdeen.
 - o Improve broadband access and capacity across Delaware.
 - o Improve DEs transmission grid to capture new power generated by alternative energy.
 - o Expand weatherization projects.
 - o Expand and implement electronic medical records throughout the health care system.

SERVICES:

- § Conduct traditional and creative outreach activities leveraging communication channels strengthened during initial Rapid Response meetings. The union hall is a natural nexus for GM workers so DE DOL will take advantage of this natural gathering location, per UAWs recommendation. As outreach expands to suppliers and dealers, DE DOL will target additional locations.
- § Conduct comprehensive assessment to provide workers a summary of knowledge, skills and abilities as well as baseline skill levels.
- § Provide career planning and coaching to move workers towards achieving not just jobs but career goals.
- § Conduct intensive job search workshops on site at the GM plant in Boxwood; followed by the creation of on-site job clubs. Once the GM plant is fully closed, the UAW halls will serve as the location for intensive job search services. The second tier of outreach to affected suppliers and dealers will target other community locations.
- § Bring targeted training providers together in training fairs for workers to meet and discuss options. We will use our current ITA model to fund training, providing dislocated workers choice after DE DOL identifies targeted programs and providers. Where appropriate, DE DOL will fund OJT and customized training to strengthen new and existing firms in targeted sectors.
- § Negotiate with targeted training and education providers to provide:
 - o Articulated, portable, credit-bearing courses across programs to allow for program completion at various locations.
 - o Targeted professional certificates that can be obtained in the limited timeframe that benefits are available and that are nationally recognized across firms and locations.
 - o System of stackable credentials connecting basic skills to a program of study resulting in a credential or degree, such as NAMs national manufacturing skills certification system.
 - o Rolling enrollment, alternative delivery channels for courses, and other adult-student-friendly modifications.
 - o Developmental courses to prepare for training workers who have been out of postsecondary training and education for a long time.
 - o Customize training in cooperation with DEDO.
- § Provide supports to dislocated workers so they can engage fully in achieving career path goals. Supports will include career planning, financial planning, preparing for training, training and education, and identifying job opportunities.
- § Structure accountability to include a follow-up component to meet rigorous accountability standards.

Project Overview

Please explain why planned entered employment rate is less than the negotiated state goal.

Since goals have not been negotiated for our change to common measures, The decision was made to adopt GPRA. This is subject to change.

Please explain why the planned earnings are less than the negotiated state goal.

Since goals have not been negotiated for our change to common measures, The decision was made to adopt GPRA. This is subject to change.

Employers/Events

This event date is more than 120 days prior to the submission date. Please explain why affected workers are still in need of and seeking assistance.

Company: Chrysler (Newark, DE)

Layoff: 12/31/2008

Most of these workers received a large pay out at layoff. It is only now when they are beginning to demand services

This event date is more than 120 days prior to the submission date. Please explain why affected workers are still in need of and seeking assistance.

Company: General Motors (Wilmington, DE)

Layoff: 12/08/2008

When laid off these workers were placed in the Job Bank and were expected to be recalled. They were permanently removed on March 1, 2009

Project Plan

Please explain the basis of providing a value in Other-Program Management and Oversight (Grantee Level).

As a single service area, we are both the Grantee and the Project operator. Funding provides for 1 program specialist to monitor and manage the oversight of the Grant.

Please explain the basis of providing a value in Other (Project Operator Level).

This is where the funding for Needs Related Payments was budgeted

Please explain the basis for providing a value in Indirect.

The indirect budget reflects the amount of indirect that the State and Department require for each position